

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/538,475
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11	/		/				61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
20	/		/				70						
21		/		/			71						
22		/		/			72						
23					/		73						
24						/	74						
25						/	75						
26						/	76						
27						/	77						
28						/	78						
29						/	79						
30						/	80						
31						/	81						
32						/	82						
33					/		83						
34						/	84						
35						/	85						
36						/	86						
37						/	87						
38						/	88						
39					/		89						
40					/	/	90						
41					/		91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		4		5		TOTAL IND.						
TOTAL DEP.	19		18		24		TOTAL DEP.						
TOTAL CLAIMS	22		22		29		TOTAL CLAIMS						